

F 11000003513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Per Tracy.
gave authorization to correct
numbers 5 and 8.

g 8/30/11

Office Use Only

L637-659
W11000045010



000211062570

08/29/11--01035--004 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATE
2011 AUG 29 PM 4:25

g 8/30/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Godless Products, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gary Godley
Name of Person

Godless Products, Inc.
Firm/Company

624 E. 12th St.
Address

North Little Rock, AR 72114
City/State and Zip code

gary@godlessproductsinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Traci Roper at (877) 472-4002
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2011

GARY GODLEY
624 E. 12TH STREET
NORTH LITTLE ROCK, AR 72114

SUBJECT: GODDESS PRODUCTS, INC.
Ref. Number: W11000045010

We have received your document for GODDESS PRODUCTS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 811A00020233

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Goddess Products, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arkansas 3. 62-1695406
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 3, 1997 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 624 E. 12th St. North Little Rock, AR 72114
(Principal office address)
10949 N.W. 27th Ave Miami, FL 33167
(Current mailing address)

8. TO PROVIDE OFFICE BUSINESS SUPPLIES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Quincy Bey
Office Address: 10949 NW. 27th Ave
Miami, Florida 33167
(City) (Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Quincy Bey
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:

Gary Godley

Address:

624 E. 12 St.

North Little Rock, AR 72114

Vice Chairman:

Address:

Director:

Leanna Godley

Address:

624 E. 12 St.

North Little Rock, AR 72114

Director:

Address:

B. OFFICERS

President:

Leanna Godley

Address:

624 E. 12 North Little Rock, AR 72114

Vice President:

Address:

Secretary:

Leanna Godley

Address:

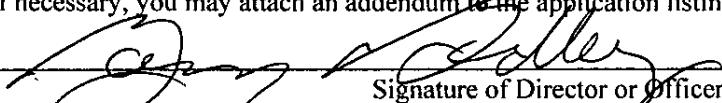
Same as above

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14.

GARY Godley

(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATE

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Arkansas Secretary of State

Mark Martin

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501.682.3409

CERTIFICATE OF EXISTENCE

I, Mark Martin, Arkansas Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

GODDESS PRODUCTS, INC.

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed a Articles of Incorporation in this office June 3, 1997.

Our records reflect said entity has paid all fees, taxes and penalties owed to this State, as required to be collected by this office, and has delivered its most current annual franchise tax report to this office.

I certify this entity has not filed articles of dissolution with this office.

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In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 17th day of August, 2011.

Mark Martin

Mark Martin

Arkansas Secretary of State

By: _____

Lisa Bruno
Lisa Bruno